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ABSTRACT

A description is provided of "Pediatric Oncology for Nurses," the first in a series of three courses offered to fourth-year nursing students in pediatric oncology. The first section provides a course overview, discusses time assignments, and describes the target student population. Next, a glossary of terms, and lists of course goals, long-range course objectives, and required readings are presented. Then, information is provided on the 10 course units; i.e., cancer in children; nursing implications of diagnostic and staging procedures; the treatment of cancer in children; facilitating children's adaptation to intrusive procedures; the challenges of physical care; the challenges of psychological care; team caring for the child with cancer; hospice care for the child with cancer; common issues in pediatric cancer; and long-term survivors of childhood cancer. Each section provides an overview of the unit, specifies student goals and objectives, and presents reading assignments. Finally, student evaluation and course revision procedures are presented. (HB)

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Nursing 436A

Pediatric Oncology for Nurses

School of Nursing
University of California
Seal Beach

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1983-1984

JC 830 551

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COURSE DESCRIPTION

This course is one of eight elective courses offered to senior nursing students in our baccalaureate program. The senior curriculum emphasizes concentration in a nursing speciality area. Pediatric oncology nursing is one of the eight specialty areas offered to our students. N436A is the first in a series of three courses offered in pediatric oncology. This first course concentrates on the acquisition of knowledge necessary to safely practice in the specialty area. The latter two courses concentrate on the students' practice in the clinical setting.

This course will meet for three hours once a week for a total of ten weeks. During the time allotted for class meetings, the instructor may lecture or guide class discussions, invite guest, or bring in visual aids. The instructor will revise "content" of the course as appropriate to lead students most efficiently to the fullfillment of the course objectives specified.

In addition to the three hours of weekly class time, the student will be responsible for a minimum of one hour each week spent in a field activity. Field activities include visits to medical and non-medical facilities offering assistance to pediatric cancer patients. A listing of appropriate facilities will be provided for each student.

This course is offered to senior students in our baccalaureate program. This course is also open to continuing education students. Senior nursing students must have successfully completeted their pediatric nursing rotation with a grade point average of 3.00 or better. If the student does not have a grade point average of 3.00 or better, the student may enroll in the course with a letter of recommendation from a pediatric nursing instructor.

Continuing education students must be currently licensed as a Registered Nurse in the state of California. In addition to being a R.N., the nurse must have at least one year of nursing experience within the last two years. If the clinical experience is in an area other than pediatrics, the student will be required to submit a letter of recommedation from her/his current or most recent employer. All applications will be reviewed by the course instructor and the enrollment will be confirmed with each applicant in writing.

This course is offered for four university quarter hours or for thirty contact hours as approved by the California Board of Registered Nursing. . . . 3

It is anticipated that the drop-out rate in this course will be 5% or less. This is attributed to the fact that this is an elective course directed specificly to assist the students for preparation in a specialty area of their choosing. It is anticipated that students electing to undertake a specialty course will be highly motivated for success.

This course has been designed to accommodate a maximum of thirty students and a minimum of ten students.

GLOSSARY

This glossary includes the definitions of terms used in the objectives and in the subject area.

Assessment: The determination of ability, skill, or attitude.

Behavior: Action; demonstrated ability, skill, or attitude.

Goal: The general outcome toward which the student is directed.

Note:
or
Select: Pick the correct choice from a given list of choices.

Objective: The specific ability, skill, or attitude which the student is expected to attain.

Knowledge, Understanding, Application, Analysis, Synthesis, and Evaluation are as defined in Bloom, Benjamin: Taxonomy of Educational Objectives, Handbook 1: The Cognitive Domain. Thus the words in the objectives carry the following meanings:

Know: Be able to recall data.

Understand: Comprehend, translate, explain in simple terms.

Apply: Relate sets of data to formula or principles in a manner to approach accurate solutions.

Analyze: Break down into relevant, component parts; deduce.

Synthesize: Combine into appropriate format; induce.

Evaluate: Apply criteria in order to form judgment; determine worth.

Definitions of terms used in the subject area:
Thomas, Clayton L. ed.: Taber's Cyclopedic Medical Dictionary. Philadelphia: F.A. Davis Company, 1975

Cancer: A malignant tumor or neoplasm; a sarcoma or carcinoma. The etiology is unknown.

Oncology: The branch of medicine dealing with tumors.

Cachexia: A state of ill health, malnutrition and

Cachexia: and wasting.

Alopecia: Natural or abnormal baldness or deficiency of hair, partial or complete, local or generalized.

Chemotherapy: In the treatment of disease, the application of specific chemical reagents which have a specific and toxic effect upon the disease causing microorganism.

Radiotherapy: The treatment of disease by application of roentgen rays, radium, ultraviolet, and other radiations.

COURSE CONTENT

One of the major functions of the university is helping prepare people for service in professions. This is in accordance with its commitments to serve both students as individuals and the society at large. Students gain professional training and the opportunity to enter rewarding forms of employment; society acquires skilled practitioners to carry on the necessary work of the community.

The School of Nursing participates in this function of the university by preparing professional nurses. It is the goal of the baccalaureate program at UCSB to prepare nurses who are able to assume responsibility for organizing, implementing and evaluating plans of nursing care for patients committed to his/her care. The course in pediatric oncology follows this goal as it seeks to prepare nurses to assume responsibility for organizing, implementing and evaluating plans of nursing care for a specific patient population.

PEDIATRIC ONCOLOGY NURSING was prepared especially for students wishing to gain:

1. The knowledge necessary to function safely in the role of pediatric oncology nurse.

2. An awareness of the resourses and treatment options available to the pediatric cancer patient.

3. Knowledge of bio-psycho-social needs of the pediatric cancer patients and appropriate nursing interventions.

Course Goals:
At the conclusion of this course, enrollees will be able to:

1. Provide safe nursing care to pediatric cancer patients.

2. Demonstrate an awareness of the bio-psycho-social needs of the pediatric cancer patient and will demonstrate the ability to organize, implement and evaluate plans of nursing care designed to meet the bio-psycho-social needs of the pediatric cancer patient.

3. Appreciate the contributions of research to the field of pediatric oncology.

4. Support a continued interest in the field of pediatric cancer nursing.

LONG-RANGE COURSE OBJECTIVES

These long-range objectives are hypotheses by means of which the instructor may assess the effects of the course. The percentage figures represent expectations which have been derived from experience with the course in the UCSB School of Nursing.

1. On being visited within one year of completing the course, 100% of the students working as pediatric cancer nurses shall state verbally specific plans of nursing care designed to meet the individual bio-psycho-social needs of the patients they are caring for.

2. Of the students who enter pediatric cancer nursing within six months of completing this course, 90% will be given ratings by their supervisors superior to the average beginning pediatric cancer nurse.

3. When interviewed one year post completion of this course, 75% of the students having completed the course will be actively involved in the field of pediatric cancer nursing or will express a desire to have future involvement in the field.

4. When interviewed one year post completion of this course, 50% of the students will have acknowledged an appreciation for the benefits to be gained through cancer research by participation in a research project or by offering a financial or volunteer contribution to a group committed to cancer research.

The following is a listing of the units to be included in this course. Unless otherwise listed, each unit will be covered in a three hour class session. The units are listed in the order in-which they will be presented.

1. Cancer in Children
2. Nursing Implications of Diagnostic and Staging Procedures
3. The Treatment of Cancer in Children
4. Facilitating Children's Adaptation to Intrusive Procedures
5. The Challenges of Physical Care
6. The Challenges of Psychological Care
7. The Team Caring For the Child with Cancer
8. Hospice Care for the Child with Cancer
9. Common Issues in Pediatric Cancer
10. The Long Term Survivors of Childhood Cancers (90 minutes)
    The Final Exam
    (90 minutes or the student may choose to take the test home and return it within one week)

REQUIRED TEXTS

Fochtman, Dianne and Foley, Genevieve Eds. Nursing Care of the Child with Cancer. Boston: Little, Brown and Company, 1982.

Spinetta, J. and Deasy-Spinetta, P. Eds. Living with Childhood Cancer. St. Louis: The C.V. Mosby Co., 1981.

OTHER GENERAL REFERENCES

Dorr, Robert T. and Fritz, William L. Cancer Chemotherapy Handbook. New York: Elsevier, 1980.

Al-Rashid, Rashid A. Pediatric Oncology Case Studies. Flushing, New York. Medical Examination Publishing Company, Inc., 1975.

Smith M..J., Goodman, J. A., Ramsey, N. L., and Pasternack, S. B. Child and Family: Concepts of Nursing Practice. New York: McGraw-Hill Book Co., 1982.

Other class reference materials will be listed with the unit for which they are appropriate. All reference materials listed as part of this course outline will be available on two hour reserve from the Bio-Medical Library or are available in the nursing media center.

UNIT I

CANCER IN CHILDREN

Cancer is the leading cause of death from disease in children ages 1 through 14 years and accounts for 1 out of twenty-seven of all childhood deaths, exceeded only by accidents. Although this disease is still the leading cause of death from disease, the prognosis for childhood cancer is improving. Nurses can assist in improving the prognosis of childhood cancer by acquiring the knowledge necessary to provide quality nursing care to pediatric cancer patients. This unit exposes the nurse to the cancers that afflict children.

I. Goal: The student will known the types of cancers found in the pediatric population and the body systems of their origin.

Objective: On a quiz given at the end of this unit, under standard testing conditions, the student will match the pediatric cancer with the body system of origin. 100% accuracy is expected.

Sample test item:

Wilms tumor is a malignant embryonal neoplasm of the:

a) big toe b) liver c) muscle d) kidney

II. Goal: The student will have knowledge of the factors that influence the prognosis of pediatric cancers.

Objective: In writing under standard testing conditions, the student will list the five major factors that influence the prognosis of cancer in children. 100% accuracy is expected.

III. Goal: The student will be aware of the advances made in the field of pediatric oncology over the last thirty years.

Objective: Given a listing of the major advances made in the field of pediatric oncology, the student will under standard testing conditions arrange the advances in the proper chronological order. 100% accuracy is expected.

UNIT I

Readings

Fochtman, Dianne and Foley, Genevieve, Eds. Nursing Care of the Child with Cancer. Chapter 4.

Gaddy, Bebra S. "Nursing Care in Childhood Cancer: Update" AJN (March, 1932) pp 416-421.

Audio-Visual

Cassette and Filmstrip (139) Leukemia

UNIT II

Nursing Implications of Diagnostic and Staging Procedures

Accurate diagnosis and staging of cancer is essential if we are to assure appropriate treatment. At this stage the nurse is acutely involved with the patient. It is essential that the nurse have a firm working knowledge of the diagnostic and staging procedures so that she/he can support the patient biologically, psychologically, and socially through this stage of the disease.

I. Goal: The student will be knowledgable of the diagnostic and staging procedures used in pediatric oncology.

Objective: Verbally, in class, along with one or two colleagues, the student will report on one of the listed diagnostic or staging procedures.

Lumbar Puncture
CT Scan
Bone Marrow
Bone Scan
Nuclear Medicine Studies
IVP
Exploratory Laparotomy
Creatinine Clearance

OR In class, along with one other colleague, the student will role-play explaining one of the above mentioned diagnostic or staging procedures to a child in terms appropriate to the child's age and developmental level.

II. Goal: The student will be aware of the implications of specific results of diagnostic and staging procedures.

Objectives: Given a quiz at the end of this unit, in class, the student will be able to match diagnostic and staging results with their implications. This quiz will consist of 10 questions and 80% accuracy is expected.

Sample test item:

A seven year old has just completed the staging work-up for neuroblastoma.

UNIT II

Continued

The exploratory laparotomy reveals tumor growth in the liver and in the pelvis. The chest X-Ray notes tumor growth to the right lung.
This type of tumor growth identifies this neuroblastoma as Stage _____.
a) I b) II c) III d) IV

As part of a quiz given at the end of this unit, in class, the student will develop a nursing care plan to meet a patient need identified as a result of a diagnostic test. This care plan must include at least two interventions designed to meet the patient need. It is necessary to complete the care plan to meet the objective and it is expected that 100% of the students will complete the care plan.

Sample test item:

A three year old girl has been admitted to the hospital with the diagnosis of R/O Leukemia. Her initial CBC shows a WBC count of 20,000 with 98% lymphocytes.

Please design a care plan to meet a need identified by this CBC result.

UNIT II

Readings

Fochtman, Dianne and Foley, Genevieve, Eds. Nursing Care of the Child with Cancer. Chapter 2.

Pooc..edly, Carl Pediatric Cancer Therapy. Baltimore: University Park Press, 1979. pp 233-260, 269-274, 41-70, 261-26S, 71-170

Spinetta, John J. and Deasy-Spinetta, P., Eds. Living with Childhood Cancer. St. Louis: The C.V. Mosby Company, 1981. pp 199-259

Audio-Visual

Vidio tape (155) Interviews with children discussing their experiences during diagnostic testing.

Additional Readings

Varricchio, Claudette G. "The Patient on Radiation Therapy" AJN (February 1981) pp 334-337.

Haughey, Cynthia, W. "What to say...and do...when your patient asks about CT scans" Nursing 81 (December 1981) pp 72-77.

UNIT III

The Treatment of Cancer in Children

The treatment of cancer is a very complex integrative process. Treatment modes utilized vary according to the specific type of cancer being treated. The main treatments utilized in the treatment of childhood cancers include chemotherapy, immunotherapy, radiation therapy, and surgery. The nurse in an active participant in the administration of and support of these treatments.

I. Goal: The student will be able to identify the specific contributions of cancer treatment modes utilized in the treatment of childhood cancers.

Objective: Outside of class the student will write a 5 to 7 page paper comparing the cancer treatment modes identifying each treatments assets and limitations. Treatments to be included are as follows:

Chemotherapy
Immunotherapy
Radiation Therapy
Surgery

II. Goal: The student will know the ten most commonly used chemotherapies including their side effects and modes of administration.

Objective: On an in class quiz, the student, under standard testing conditions, will match the ten most commonly used chemotherapies with their side effect and modes of administration. 80% accuracy is expected.

Sample test item:

_____DTIC	a. IV
	b. p.o.
_____VCR	c. IM
	d. painful administration
	e. nausea and vomiting
	f. hair loss
	g. bleeding

UNIT III

Readings

Fochtman, Dianne and Foley, Genevieve, Eds. Nursing Care of the Child with Cancer. Chapter 5.

Dorr, Robert T. and Fritz, William L. Cancer Chemotherapy Handbook. New York. Elsevier, 1980. "Drug Data Sheets"

Silverstein, M.J. and Morgan, D.L. "Cancer Immunotherapy" AJN (July 1973) pp 1178-1181

Groenwald, Susan L. "Physiology of the Immune System" Heart and Lung (9:4) (July-August 1980)

Varricchio, Claudette G. "The Patient on Radiation Therapy" AJN (February 1981) pp 334-337.

UNIT IV

Facilitating Children's Adaptation to Intrusive Procedures

The diagnosis and treatment of cancer carries with it the need for many intrusive procedures. These intrusive procedures are difficult to cope with for adults and thus carry the potential for being extremely difficult for a child. Nurses are in a prime position to facilitate the adaptation of children to intrusive procedures.

I. Goal: The student will be able to intervene to facilitate children's adaptation to intrusive procedures.

Objective: In class the students will be shown slides of children undergoing intrusive procedures. For each series of slides depicting an intrusion, the student will in writing, in class following the presentation of each series of slides, document three specific interventions that would facilitate the child's adaptation to the intrusive procedure. 100

II. Goal: The student will be able to communicate methods to facilitate children's adaptation to intrusive procedures to other members of the health care delivery team.

Objectives: The student will write a child's Bill of Rights for Intrusive procedures. This will be done outside of class and need consist of no more than one typed page.

OR The student will develop a one page memo or flyer to be circulated thrcugh-out a clinical setting reminding members of the health care delivery system of methods to facilitate children's adaptation to intrusive procedures. This is to be done outside of class.

OR In class the student may participate in a role-playing situation in which it is necessary for the nurse to intervene to facilitate the child's adaptation to an intrusive procedure.

UNIT IV

Readings

Fochtman, Dianne and Foley, Genevieve, Eds. Nursing Care of the Child with Cancer. Chapter 3.

Luciano, Kathy and Shumsky, C. J. "Pediatric Procedures, The Explanation Should Always Come First," Nursing 75 (January 1975) pp 49-52.

Bellack, J. P. "Helping aChild Cope With the Stress of Injury," AJN (August 1974) pp 1491-1494.

Spinetta, John J. and Deasy-Spinetta, P. Eds. Living with Childhood Cancer. pp 143-152 and 191.

Audio-Visual

Film (F1) Let's Play Hospital

Vidio Tape Cassette (V14 A&B) Preparing Children for Hospitalization

UNIT V

The Challenges of Physical Care

Cancer is a disease that initially attacks the physical self. The symptoms of the disease appear as physiacal or biological changes. It is one of the primary responsibilities of nursing to support the patient by providing sound physical care. A diagnosis of cancer and its treatment carry with it particular physical care needs.

I. Goal: The student will be aware of and capable of intervening to meet the "special" physical needs of the pediatric cancer patient.

Objective: In class, following a one hour lecture on the physical care of pediatric cancer patients, the students will be asked to join into four groups. Each group will be given a case study to review and will be asked to as a group develop a plan of nursing care to meet the physical needs of the patient. Upon completion of the plans of care, the students will present their data and plan to the class identifying the "special" physical needs of the pediatric cancer patient and the rationale for their plan of care.

UNIT V

Readings

Fochtman, Dianne and Foley, Genevieve, Eds. Nursing Care of the Child with Cancer. Chapter 6.

Al-Rashid, Rashid A. Pediatric Oncology Case Studies. Flushing, New York: Medical Examination Publishing Company, Inc., 1975.

Martinson, Ida M., et al. "Nursing Care in Childhood Cancer: Methadone," AJN (March 1982) pp 432-435.

Wong, Donna L. and Doran, Lois R. "Nursing Care in Childhood Cancer: Retinoblastoma," AJN (March 1982) pp 425-431.

Cleaveland, Mary Jo. "Nursing Care in Childhood Cancer: Brain Tumor," AJN (March 1982) pp 422-425.

Manchester, Betsy P. and Ferrero, Cris, and Myers, Michelle M. "The Child with Cancer: A Plan of Care," Pediatric Nursing (September-October 1978) pp 72-76.

UNIT VI

The Challenges of Psychological Care

Cancer not only causes physical problems that the child must cope with but also carries with it many psychological issues to be dealt with. As a result, health care providers are faced not only with needing to provide the best possible physical care, but must strive to meet the patients psychological needs as well.

I. Goal: The student will be aware of the possible psychological needs that arise as a result of a diagnosis of cancer and appropriate nursing care.

Objective: On a quiz, under standard testing conditions, given in class, the student will in writing identify three age appropriate behaviors that may be observed as a result of a diagnosis of cancer. For one of these behaviors, identify an appropriate nursing intervention that will offer psychological support. 50 words or less. 100

On the above noted quiz, the student will in writing identify two positive methods by which parents cope with cancer and indicate how nurses can support parental coping mechanisms. 50 words or less. 100

On the above noted quiz, the student will in writing identify two common reactions of siblings of a child with cancer and will explain one possible measure to help the siblings deal with cancer in their brother or sister. 50 words or less. 100

UNIT VI

Readings

Fochtman, Dianne and Foley, Genevieve, Eds. Nursing Care of the Child with Cancer. Chapter 7.

Spinetta, John J. and Deasy-Spinetta, P. Eds. Living with Childhood Cancer. Chapters 1,2,5,11,13,17, & 18.

Knapp, V. S. and Hansen, H. "Helping the Parents of Children with Leukemia," Issues in Comprehensive Pediatric Nursing. 1976 Volume I, pp16-22.

Craft, M. J. "Help for the Family's Neglected 'Other Child'," MCN (September-October 1979) 297-300.

Audio-Visual

Vidio tape cassette (VT 15) "Shannon's View" This is an interview with a 13 year old cancer patient. During the interview Shannon discusses her feelings about cancer and how she is able to cope with her disease.

UNIT VII

The Team Caring For the Child with Cancer

The team approach to the care of the child with cancer maximizes the care they receive. It is often the nurse who is in a position to identify patients needs that may be appropriately met by a team member. The members of the team available to render care to the child with cancer are available in the hospital and through-out the community. For the nurse to assure the best possible care to her patients, she/he must be aware of the cancer care team members and their contribution in the hospital and in the community.

I. Goal: The student will be aware of the various members of the cancer care team and will identify their roles in the hospital and in the community.

Objective: As was addressed under course description (p. 1), the student will be responsible for one hour each week spent in a field activity. These field activities will consist of visits to medical or non-medical facilities offering assistance to pediatric cancer patients. Below is a listing of appropriate facilities and team members to visit.

1. American Cancer Society
2. Crippled Children's Society
3. Out-patient chemotherapy clinic
4. Hospice Unit
5. Parent's Support Group
6. Oncology Social Worker
7. Play therapist
8. Bone Marrow Transplant Unit
9. Oncology Nurse, Clinical Specialist
10. Meeting of "I Can Cope" group.
11. Child Psychologist
12. Dietician
13. Physical therapist
14. Pharmasist
15. Pediatric Oncologist (M.D.)
16. Medical Technologist

The student will be responsible for a total of ten hours spent on field activities. The instructor expects that the student will visit no less than six facilities and or team members.

UNIT VII

Continued

Objective: Outside of class, the student will prepare an age appropriate tool, for the age group of their choice, to explain the roles of the team members caring for children with cancer.

This tool is to be completed and presented to the instructor on the last day of instruction. 100

The tool need only include the facilities and/or team members visited by the student.

UNIT VII

Readings

Fochtman, Dianne and Foley, Genevieve, Eds. Nursing Care of the Child with Cancer. Chapter 8.

UNIT VIII

Hospice Care for the Child with Cancer

Although great advances have been made in the field of pediactric oncology, children continue to die as a result of the disease. Hospice care seeks to provide a comfortable dignified death. The main providers of Hospice care are nurses.

This class will be presented by a guest lecturer. The guest lecturer will be a clinical nurse specialist that coordinates the delivery of Hospice care in the home and in the acute care environment.

I. Goal: The student will be knowledgeable of the bio-psycho-social needs of the pediatric cancer patient experiencing the terminal stage of his/ her disease.

Objectives: On a quiz given at the end of this lecture, under standard testing conditions, the student will:

1. list the stages of Death and Dying as noted by Kubler-Ross. 100
2. given 10 statements of children's understandings of death, the student will identify at what age such an understanding would be expected. 80
3. given ten statements concerning the needs of the terminal pediatric cancer patient, the student will identify the statements as true or false. 80

Sample test items:

1. When you die, you go to sleep. age_____
2. Once the child is unconscious, it is not necessary to give them pain medication. True False

UNIT VIII

Readings

Kubler-Ross, Elisabeth To Live Until We Say Good-Bye. Englewood Cliffs, N.J.: Prentice-Hall Inc. 1978. Chapters 2 & 3.

Buscaglia, Leo The Fall of Freddie the Leaf. Thorofare, New Jersey: Charles B. Slack, Inc. 1982.

Spinetta, John J. and Deasy-Spinetta P. Eds. Living with Childhood Cancer. Section 5.

Audio-Visual

Film (F23) Hospice Home Care

UNIT IX

Common Issues in
Pediatric Cancer

Within the field of pediatric cancer there exist many issues concerning the appropriate treatment of the disease and the care of the child.

I. Goal: The student will be aware of the common issues in pediatric cancer and will be aware of the arguments on either side of the issues.

Objective: In class, the students will debate three major issues in pediatric cancer. The three issues to be debated are as follows:

1. the use of non-medically approved treatment measures

2. the withdrawal of treatment if the patient is not responding to the treatment

3. Should the child be told that he has cancer?

The students will be expected to divide into three groups and each group will present a debate of their particular issue.

100

UNIT IX

Readings

Fochtman, Dianne and Foley, Genevieve, Eds. Nursing Care of the Child with Cancer. Chapter 1.

Isler, C. "The Fatal Choice-Cancer Quackery," RN (September 1974).

Suarez, Margarita M. and Benoliel, Jeanie Q. "Coping With Failure: The Case of Death in Childhood," Issues in Comprehensive Pediatric Nursing. 1976, Vol. I pp 3-15.

UNIT X

The Long Term Survivors of Childhood Cancers

We can happily say that there are long term survivors of childhood cancers. A long term survivor is something new to the field of pediatric oncology. For this reason, we are constantly observing these survivors for any long term effect of their vigorous cancer treatment.

This lecture will be presented by Dr. Raymond Longlife. Dr. Longlife is involved in longitudinal studies of the long term survivors of childhood cancer.

I. Goal: The student will be aware of research in the area of the possible long term effects of vigorous chemotherapy.

Objective: The student will attend an in class lecture describing research in the area of the long term effect of vigorous cancer therapy.

100

Final Examination

I. Goal: The student will demonstrate the knowledge obtained in this course.

Objective: The student will complete a 25 question multiple-choice test. This is to be a take-home test. The student will be given one week to complete the test.

80

Sample test items:

The drug of choice in the management of chronic pain in the terminal pediatric cancer patient is.
a) IV Demerol b) ASA c) p.o. Methodone d) Tylenol

A five year old is about to have his first IV, to assist the child to cope with the procedure the nurse could:
a) blindfold the child b) ask the mother to leave the room c) allow the child to play with the IV doll in the playroom and explain to the child what an IV is d) prepare

32

UNIT X

Continued

a written teaching plan that the child could review prior to the first IV start

Objective: The student will outside of class prepare a nursing care plan to meet the bio-psycho-social needs of a pediatric cancer patient. This care plan is to include:
1. a 50 word description of the patient
2. at least four patient needs and at least two possible interventions to meet the needs of the patient
3. scientific rationale must be supplied for the nursing interventions

100

UNIT X

Reading

Spinetta, John J. and Deasy-Spinetta, P. Eds. Living with Childhood Cancer. Chapter 15.

EVALUATION

Grades

Grades in this course will be based on the students achievement of the objectives. The objectives are stated in terms of the student behaviors with conditions and standards of performance specified. The number listed after each specific objective refers to the degree of accuracy which is considered adequate for minimal achievement of the objective. When no number is listed, completion of behavior is considered adequate for achievement of the objective.

The instructor expects that no less than 90% of the students will reach the base criteriaon level specified in 80% of the objectives.

Letter grades will be determined as follows:

A= the student will reach the base criteria specified in 90% of the objectives

B= the student will reach the base criteria specified in 80% of the objectives

C= the student will reach the base criteria specified in 70% of the objectives

Grades less than that of "C" are not listed as it is not expected that any student would meet less than 70% of the objectives.

If during the quarter it is noted that the student is meeting less than 70% of the objectives, special assistance will be offered to the student. The student will be given an oppurtunity to submit additional works as means of completing objectives that were not met.

Any student failing to meet an objective, will have an oppurtunity,if so desired, to submit additional works as specified by the instructor to meet the objective.

Procedure for Revising the Course

At the end of this course the students will be ask to complete an instructor rating scale. Results of the instructor rating scale will be utilized to identify areas in-which revision is necessary.

The instructor will also identify if long-range course objectives are being met as hypothesizes.

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